## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/6/457/

| ·                                                                                                     |                                                                                                                                                                                                                                                                                                                     | CLAIMS A                                  | S FILED - PART I  (Column 1) (Column 2) |                                      |              |                    |          | SMALL ENTITY       |                        |     |                     | R THAN                 |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------------------|--------------|--------------------|----------|--------------------|------------------------|-----|---------------------|------------------------|
| TOTAL CLAIMS                                                                                          |                                                                                                                                                                                                                                                                                                                     |                                           | (Coloniii 1)                            |                                      | (Coil        | JIIII 21           |          | TYPE [             |                        | OR  |                     | ENTITY                 |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           | ( ,                                     |                                      | l            |                    | ľ        | RATE               | FEE                    | 4   | RATE                | FEE                    |
| FOR                                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED                            |                                      | NUMBER EXTRA |                    |          | BASIC FE           | E 385.00               | OR  | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                               |                                                                                                                                                                                                                                                                                                                     |                                           | m                                       | inus 20=                             | •            |                    |          | X\$ 9≃             | 1                      | OR  | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                    |                                                                                                                                                                                                                                                                                                                     |                                           | п                                       | ninus 3 =                            | *            |                    |          | X43=               |                        | OR  | X86=                |                        |
| М                                                                                                     | JLTIPLE DEPE                                                                                                                                                                                                                                                                                                        | NDENT CLAIM F                             | RESENT                                  |                                      |              |                    |          |                    |                        | 100 |                     | <b> </b>               |
| * I                                                                                                   | the difference                                                                                                                                                                                                                                                                                                      | e in column 1 is                          | ess than zero, enter "0" in column 3    |                                      |              | column'2           | •        | +145=              | ļ.,,,                  | OR  | +290=               | ·                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II |                                                                                                                                                                                                                                                                                                                     |                                           |                                         |                                      |              |                    |          | TOTAL              |                        | OR  | TOTAL               |                        |
|                                                                                                       | · C                                                                                                                                                                                                                                                                                                                 | (Column 1)                                | (Column 2) (Column 3                    |                                      |              |                    |          | SMALL              | ENTITY                 | OR  | OTHER<br>SMALL      | -                      |
| AMENDMENT A                                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                         | HIGHE<br>NUME<br>PREVIO<br>PAID F    | ER<br>USLY   | PRESENT<br>EXTRA   |          | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                       | Total                                                                                                                                                                                                                                                                                                               | · 10                                      | Minus                                   | - 0                                  | 1            | =                  |          | X\$ 9=             | /                      | OR  | X\$18=              |                        |
| AME                                                                                                   | Independent                                                                                                                                                                                                                                                                                                         | · (0                                      | Minus                                   | ***                                  | <del>/</del> | = /                |          | X43=               | /                      | OR  | X86=                | ·                      |
| <u> </u>                                                                                              |                                                                                                                                                                                                                                                                                                                     | ENTATION OF M                             | ULTIPLE DE                              | PENDENT                              | CLAIM        |                    | <b>!</b> | +145=              |                        | OR  | +290=               |                        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                     | •                                         |                                         |                                      |              | •                  | L        | TOTAL              |                        | OR  | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |                                         |                                      |              |                    |          | DDII. FEE          | <b>-</b>               | •   | ADDII. FEE          |                        |
| AMENDMENT B                                                                                           |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                         | HIGHE<br>NUMB<br>PREVIOU<br>PAID F   | ER<br>JSLY   | PRESENT<br>EXTRA   |          | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus                                   | **                                   |              | =                  |          | X\$ 9=             |                        | OR  | X\$18=              |                        |
|                                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus                                   | ***                                  |              | =                  |          | X43=               |                        |     | X86=                |                        |
|                                                                                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF ML                             | ILTIPLE DEF                             | PENDENT                              | CLAIM        |                    | -        | 740-               |                        | OR  | 700-                |                        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |                                         |                                      |              |                    |          | +145=              |                        | OR  | +290=               |                        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           | •                                       |                                      |              |                    | A        | TOTAL<br>DDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE |                        |
| <del>;</del>                                                                                          |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |                                         | (Colum                               | 1 2)         | (Column 3)         |          |                    |                        |     |                     |                        |
| MEN                                                                                                   |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                         | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO | R            | PRESENT<br>EXTRA : |          | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                       | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus                                   | **                                   |              | = .                |          | X\$ 9=             |                        | OR  | X\$18=              |                        |
|                                                                                                       | Independent                                                                                                                                                                                                                                                                                                         | •                                         | Minus                                   | ***                                  |              | =                  | -        | X43=               |                        |     | X86=                |                        |
| <u>`</u>                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                      |                                           |                                         |                                      |              |                    | -        | 7,40-              |                        | OR  | ^60=                |                        |
| * If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3.                   |                                                                                                                                                                                                                                                                                                                     |                                           |                                         |                                      |              |                    |          |                    |                        |     |                     |                        |
| ***H                                                                                                  | ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                                         |                                      |              |                    |          |                    |                        |     |                     |                        |